GP A10%

Atty. Docket No. NAR01 P-310

GROUP 2100

CERTIFICATE OF MAILING

ify that this paper, together with all enclosures identified herein, are being deposited with the states Postal Service as first class mail, addressed to the Assistant Commissioner for Patents, Washington D.C. 20231, on the date indicated below.

Date

Rebecca A. Schwartz

IN THE UNITED STATES PATENT AND TRADEMARK OFF

Art Unit Examiner

J. Kaplan

2107

08/601,268

Appln. No. Filing Date

January 31, 1996

Applicant

Byron Hourmand

For

CAPACITIVE RESPONSIVE ELECTRONIC SWITCHING CIRCUIT

Assistant Commissioner for Patents

Washington, D.C. 20231

Dear Sir:

Enclosed is a response to the Office Action dated April 22, 1997. Also enclosed are nine sheets of corrected drawings. The items checked below are appropriate:

Applicants hereby petition for a one-month extension of time to respond to the above Office Action. The fee of \$55.00 for the Extension is enclosed.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

		Col. 1		Col. 2	Col. 3	Small	Entity	Other Than A Small Entity	
C	Anarai aaaaaa	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
34	WHICH 00000062 Total Claims	*32 160.00 QP *32 160.00 QP *32.00 QP 55.00 QP	Minus	**20	=12	x \$11	\$132	x \$ 22	\$00
	Independent Claims	*08	Minus	***04	=04	x \$40	\$160	x \$ 80	\$00
	First Presentation of Multiple Dependent Claims \$130						\$00	x \$260	\$00
	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT								\$00



Applicant : Byron Hourmand Appln. No. : 08/601,268 Page : 2

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- x Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.
- ____ No additional fee is required.
- x A fee of \$292.00 to cover the cost of the additional claims added by this response is enclosed.
- _x Please charge any additional fees or credit overpayment to Deposit Account 16 2463. A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER, DEWITT & LITTON

8-22-97

Date

Terry S. Callaghan

Registration No. 34 559

695 Kenmoor, S.E. Post Office Box 2567

Grand Rapids, Michigan 49501

(616) 949-9610

TSC/ras

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SEP 2 2 1997

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Byron Hourmand Applicant 08/601,268 Appln. No. Page If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3 ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed. No additional fee is required.

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